

CRIMINAL		<input checked="" type="checkbox"/> TRAFFIC		<input type="checkbox"/> NON-TRAFFIC		L.E.A. ORI #: WA0311900		COURT ORI #: WA031031J		4Z0630203		REPORT #: 14-01311	
IN THE <input type="checkbox"/> DISTRICT		<input checked="" type="checkbox"/> MUNICIPAL COURT OF		MARYSVILLE MUNICIPAL COURT		LAKE STEVENS		PLAINTIFF VS. NAMED DEFENDANT					
<input type="checkbox"/> STATE OF WASHINGTON		<input type="checkbox"/> COUNTY OF		THE UNDERSIGNED CERTIFIES AND SAYS THAT IN THE STATE OF WASHINGTON		LAKE STEVENS							
DRIVER'S LICENSE NO.		STATE		EXPIRES		PHOTO ID MATCHED		NAME: LAST		FIRST		MIDDLE	
		<input type="checkbox"/> YES		<input type="checkbox"/> NO		FREEMAN		GRANT		M		SFX	
ADDRESS		501 102ND DR SE		APT D4		<input type="checkbox"/> IF NEW ADDRESS		CITY		LAKE STEVENS		STATE	
		APT D4								WA		ZIP CODE	
												98258	
EMPLOYER		DATE OF BIRTH		RACE		SEX		HEIGHT		WEIGHT		EYES	
		03-25-97		W		M							
VIOLATION DATE		06/07/2014 21:08		LANG.		INTERPRETER NEEDED		AT LOCATION		S DAVIES RD		CHAPEL HILL RD	
ON OR ABOUT								REF. TRAFFICWAY					
VEH LIC NO		AGK0818		STATE		EXPIRES		VEH YR		MAKE		MODEL	
		WA		03-14-14		1996		FORD		EXPLORER		UTILITY	
TR #1 LIC NO		STATE		EXPIRES		TR YR		TR #2 LIC NO		STATE		EXPIRES	
OWNER/COMPANY IF OTHER THAN DRIVER		BONNIE S FREEMAN		CITY		LAKE STEVENS		STATE		ZIP CODE			
ADDRESS		501 102ND DR SE		APT D4									
ACCIDENT		INCAPACITATING INJURY		BAC		COMMERCIAL		VEHICLE		YES		NO	
1. VIOLATION/STATUTE CODE		46.20.005		<input type="checkbox"/> P V		NO VALID OPER LICENSE W/OUT IDENTIF							
2. VIOLATION/STATUTE CODE				<input type="checkbox"/> P V									
3. VIOLATION/STATUTE CODE				<input type="checkbox"/> P V									
4. VIOLATION/STATUTE CODE				<input type="checkbox"/> P V									
5. VIOLATION/STATUTE CODE				<input type="checkbox"/> P V									
RELATED #		MANDATORY COURT APPEARANCE		DATE ISSUED		06-13-14		TIME					
<input type="checkbox"/> TICKET SERVED ON VIOLATOR		<input checked="" type="checkbox"/> TICKET REFERRED TO PROSECUTOR											
<input type="checkbox"/> TICKET SENT TO COURT FOR MAILING		<input type="checkbox"/> BOOKED											
CRIMINAL CITATION		You are charged with the crime(s) described on this form. You must respond to the court below.											
MARYSVILLE MUNICIPAL COURT		1015 STATE AVE		MARYSVILLE WA 98270-4301		Traffic citations may go on your driving record.							
Court Contact Info:		Phone 1: (360)363-8050											
I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT I HAVE ISSUED THIS ON THE DATE AND AT THE LOCATION ABOVE. THAT I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S). AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.													
OFFICER		KERRY BERNHARD		#		120							



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO.

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

CASE #	14-01311
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LOCAL AGENCY CODING	0664
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TOTAL # OF UNITS	02	OBJECT STRUCK
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DATE OF COLLISION	06 - 07 - 2014	TIME (2400)	2108	COUNTY #	31	MILES		N		E		IN		OF		CITY #	0664
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ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>	
S DAVIES RD		BLOCK NO. <input checked="" type="checkbox"/>	100
MILE POST			

DISTANCE		MILES		N		E		OF (REFERENCE OR CROSS STREET)	CHAPEL HILL RD
		FEET		S		W			

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	PHONE	D: 5302491427
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LAST NAME	FREEMAN	FIRST NAME	GRANT	MIDDLE INITIAL	M
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STREET NEW ADDRESS	501 102ND DR SE APT D4
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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GDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #		STATE		SEX	M	D.O.B.	MMDDYYYY	03	-	25	-	1997
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AGK0818	STATE	WA	VIN#	1FMDU34X4TZB89715
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1996	MAKE	FORD	MODEL	EXPLOR	STYLE	UT	VEHICLE TOWED	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	TOWED BY	MACK'S TOWING	GOVT. VEHICLE	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. BONNIE FREEMAN 501 102ND DR SE APT D4 LAKE STEVENS WA 98258 D: 5302495106

LIABILITY INSURANCE IN EFFECT	<input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM 1785337D2347	CITATION #	4Z0630203	CHARGE	NO VALID OPER LICENSE W/OUT
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VEHICLE LEGALLY PLANNING	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	PHONE	D: 4257604945
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LAST NAME	ROBERTS	FIRST NAME	NATHAN	MIDDLE INITIAL	R
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STREET NEW ADDRESS	12330 155 AVE NE
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CITY	ARLINGTON	ST	WA	ZIP	98223
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	ROBERNR099NB	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	08	-	02	-	1991
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	1	RESTR.	1	EJECT	2	HELMET USE	1	INJURY CLASS	5	NATURE OF INJURIES	BROKEN BONES
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LICENSE PLATE #	716668	STATE	WA	VIN#	JH2MD2114KK100044
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1989	MAKE	HOMC	MODEL	NX250	STYLE	MC	VEHICLE TOWED	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	TOWED BY	MACK'S TOWING	GOVT. VEHICLE	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. MICHAEL HANSEN 70 NORTH 2ND ST THORP WA 98946

LIABILITY INSURANCE IN EFFECT	<input type="checkbox"/>	INSURANCE CO & POLICY #		CITATION #		CHARGE	
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VEHICLE LEGALLY PLANNING	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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OFFICER'S NAME (PRINT)	KERRY BERNHARD	BADGE OR ID #	120	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

CASE #

14-01311

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		LACSON ISAIAH A															
ADDRESS & PHONE # 501 102ND DR SE APT D4 LAKE STEVENS WA 98258						SEX M	D.O.B. MMDDYYYY 12	24		2000							
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																	
ADDRESS & PHONE #						SEX	D.O.B. MMDDYYYY									NATURE OF INJURIES	
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE	INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																	
ADDRESS & PHONE #						SEX	D.O.B. MMDDYYYY									NATURE OF INJURIES	
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE	INJURY CLASS		NATURE OF INJURIES

NARRATIVE

On 6/7/2014 at about 2108 hours Unit 1 was stopped in the left turn lane of northbound Sout Davies Rd preparing to turn left onto Chapel Hill Rd. Unit 1 was stopped for the red light. When the light turned green, Unit 1 proceeded into the intersection and struck Unit 2, a motorcycle, which was still proceeding through the intersection. The operator of Unit 2 was ejected from the motorcycle, struck the hood of Unit 1 and landed on the roadway. Unit 1 overrode Unit 2 and proceeded approximately 30 additional feet in its direction of travel dragging Unit 2 underneath it.

The driver and passenger of Unit 1 were uninjured. Both vehicles were towed from the scene. The driver of Unit 2 was transported to the hospital for treatment. The driver of Unit 1, an unlicensed juvenile was issued a citation for NVOL w/o identification.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

KERRY BERNHARD

INVESTIGATING OFFICER'S SIGNATURE

08-13-14 03:46 AM

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

RON BROOKS 013

DATE

6/13/2014 12:29:49 PM

BADGE OR ID # 120

ORI #

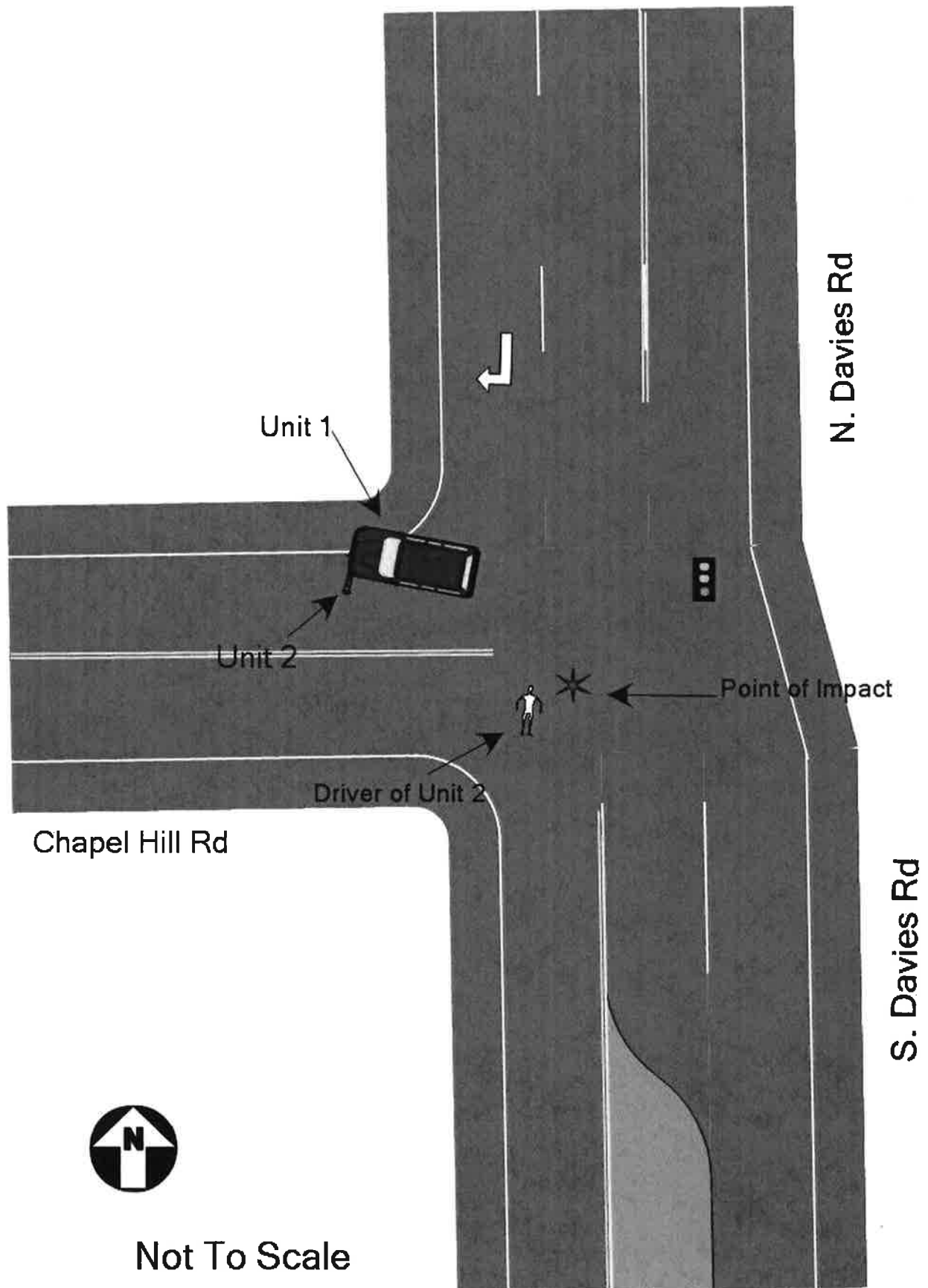
WA0311900

TIME POLICE DISPATCHED

9:08 PM

TIME POLICE ARRIVED

9:10 PM



STATE OF WASHINGTON UNIFORM INCIDENT REPORT

D A T A	AGENCY NAME LAKE STEVENS POLICE DEPT.		<input type="checkbox"/> OFCR SAFETY <input type="checkbox"/> OFCR ASSAULT		INCIDENT NUMBER 14-01311										
	TYPE OF REPORT NVOL w/o		<input type="checkbox"/> PERSONS <input type="checkbox"/> PROPERTY <input type="checkbox"/> INFORMATION		<input type="checkbox"/> VEHICLE <input type="checkbox"/> ARREST <input type="checkbox"/> PHONE REPORT										
			<input type="checkbox"/> JUVENILE <input type="checkbox"/> CHILD ABUSE <input type="checkbox"/> DOMESTIC VIOLENCE		<input type="checkbox"/> HATE / BIAS <input type="checkbox"/> ARSON - LOSS \$ <input type="checkbox"/> OTHER										
			<input type="checkbox"/> COMPUTER USED <input type="checkbox"/> DRUG RELATED <input type="checkbox"/> ALCOHOL RELATED												
P E R S O N S / B U S I N E S S E S	INCIDENT CLASSIFICATION Driving Without A License						LANDLORD NOTIFICATION YES <input type="checkbox"/> NO <input type="checkbox"/> INITIAL								
	ADDRESS / LOCATION OF INCIDENT Chapel Hill Rd/S. Davies Rd			PREMISES TYPE / NAME City Street		DV PHAMPHLET GIVEN: YES <input type="checkbox"/> NO <input type="checkbox"/>									
	REPORTED ON		OCCURRED ON OR FROM		OCCURRED TO										
	MONTH 06	DAY 07	YEAR 14	TIME 2108	DOW Sat	MONTH 06	DAY 07	YEAR 14	TIME 2216	DOW Sat					
S U S P E C T / S U B J E C T	ADDL ON SUPP. <input type="checkbox"/> PERSONS <input type="checkbox"/> VEHICLES <input type="checkbox"/> COLLISION RPT.		CODES: V - VICTIM W - WITNESS O - OTHERS		B - VICT BUSINESS C - COMPLAINANT G - PARENT/GUARD		D - DECEASED RO - REG. OWNER		TYPE VICTIM CODE: I - INDIVIDUAL B - BUSINESS F - FINANCIAL		G - GOVERNMENT R - RELIGIOUS S - SOCIETY / PUB		P - POLICE O - OTHER U - UNK		
	NO.	NON-DISC.	NAME (LAST, FIRST, MIDDLE)				RACE	ETH	SEX	DOB	HGT	WGT	HAIR	EYES	
	STREET ADDRESS						CITY			STATE	ZIP CODE	RES. STATUS: F P NO U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	RESIDENCE PHONE		BUSINESS PHONE		OCCUPATION		SOCIAL SECURITY NO		HATE / BIAS		TYPE VIC		TYPE INJ.		VICTIM OF OFNS# OFNDR#
V E H I C L E / T R L / B O A T	NO.	NON-DISC.	NAME (LAST, FIRST, MIDDLE)				RACE	ETH	SEX	DOB	HGT	WGT	HAIR	EYES	
	STREET ADDRESS						CITY			STATE	ZIP CODE	RES. STATUS: F P NO U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
	RESIDENCE PHONE		BUSINESS PHONE		OCCUPATION		SOCIAL SECURITY NO		HATE / BIAS		TYPE VIC		TYPE INJ.		VICTIM OF OFNS# OFNDR#
	RESIDENCE PHONE		BUSINESS PHONE		OCCUPATION		SOCIAL SECURITY NO		HATE / BIAS		TYPE VIC		TYPE INJ.		VICTIM OF OFNS# OFNDR#
S I G N A T U R E	NUMBER OF SUSPECTS / ARRESTED PERSONS IN THIS INCIDENT: 1		SUSPECT CODES:		A - ARREST R - RUNAWAY		S - SUSPECT M - MISSING		I - INSTITUTIONAL (MENTAL / DETOX)		X - OTHER				
	NO.	NAME (LAST, FIRST, MIDDLE)				RACE	ETH	SEX	DOB	AGE	HGT	WGT	HAIR	EYES	
	ALIAS NAME(S)					IDENTIFIERS									
	STREET ADDRESS 501 102nd Dr SE, D4					CITY Lake Stevens			STATE WA	ZIP 98258	RES. STATUS: F P NO U <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		RES. PHONE 530-249-1427		
S T A T U S	EMPLOYMENT / OCCUPATION / SCHOOL					BUS. PHONE		SOCIAL SECURITY NUMBER		DRIVERS LICENSE / I.D. CARD NO:		STATE			
	IBR ARREST OFFENSE NO.		BOOKED / WHERE		BOOKING #		CHARGES		CITATION / WARRANT # / AGENCY		BAIL				
	ARREST DATE		LOCATION OF ARREST				1. <input checked="" type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> 4z0630203								
	ARREST DATE		LOCATION OF ARREST				2. <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> 3. <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/>								
S I G N A T U R E	AFFILIATION		ON VIEW ARREST <input type="checkbox"/>	CITED Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	STATEMENT <input type="checkbox"/> ORAL <input type="checkbox"/> WRN.	CHARGES <input type="checkbox"/> ADMITTED <input type="checkbox"/> DENIED	ARRESTEE ARMED WITH		PCN / IDENTIFICATION NUMBER		MULTI CLEAR <input type="checkbox"/>				
	JUV. PARENT GDN. NOTIFIED Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	NAME / RELATIONSHIP OF PERSON NOTIFIED Bonnie Freeman / Mother				DATE / TIME NOTIFIED 060714 2130		NOTIFIED BY: KB 120		DISPOSITION OF JUVENILE H <input type="checkbox"/> R <input checked="" type="checkbox"/>					
	VEHICLE CODES: <input type="checkbox"/> STOLEN # <input type="checkbox"/> RECOVERED #		<input type="checkbox"/> LOCATED <input checked="" type="checkbox"/> TOWED <input type="checkbox"/> EVIDENCE		<input type="checkbox"/> SEIZED <input type="checkbox"/> ABANDONED		<input type="checkbox"/> DAMAGED / VANDALIZED <input type="checkbox"/> OTHER		<input type="checkbox"/> VICTIM'S VEH. <input checked="" type="checkbox"/> SUSPECT'S VEH.		<input type="checkbox"/> HOLD FOR:				
	NO.	LICENSE NUMBER AGK0818	STATE WA	VIN / HULL NUMBER 1FMDU34X4TZB89715		YEAR 96	MAKE FORD	MODEL EXPLORE	STYLE SUV						
S I G N A T U R E	COLOR BLU		SPECIAL FEATURES / DESCRIPTION				VALUE/STOLEN \$		DRIVER IS: <input type="checkbox"/> R / O <input checked="" type="checkbox"/> PERSON # A1		REGISTERED OWNER'S NAME Bonnie Freeman				
	VEHICLE DISPOSITION <input type="checkbox"/> LEFT AT SCENE <input type="checkbox"/> DRIVEN AWAY		<input checked="" type="checkbox"/> TOWED		TOW COMPANY NAME / ADDRESS / PHONE Mack's Towing		STATE TOW NO.		REGISTERED OWNER'S ADDRESS 501 102nd DR SE #D4, LKS						
	LOCKED Y <input type="checkbox"/> N <input type="checkbox"/>	KEYS IN VEHICLE Y <input type="checkbox"/> N <input type="checkbox"/>	DELINQ. PAYMENT Y <input type="checkbox"/> N <input type="checkbox"/>	VICTIM CONSENT Y <input type="checkbox"/> N <input type="checkbox"/>	THEFT INS. Y <input type="checkbox"/> N <input type="checkbox"/>	DRIVE-ABLE Y <input type="checkbox"/> N <input type="checkbox"/>	DAMAGE TO VEHICLE Y <input type="checkbox"/> N <input type="checkbox"/>	SPECIFY DAMAGE BY SHADING DAMAGED AREA <input type="checkbox"/> TOP <input type="checkbox"/> UNDERSIDE		7 8	5 6	3 4	1 2	DAMAGE EST \$	
	MAKING FALSE REPORTS TO PUBLIC OFFICERS: (1) A PERSON COMMITS THE CRIME OF MAKING A FALSE REPORT IF HE / SHE WILLFULLY MAKES ANY UNTRUE, MISLEADING OR EXAGGERATED STATEMENT IN ANY REPORT TO A POLICE OR FIRE DEPT. (2) MAKING A FALSE REPORT IS A MISDEMEANOR. IF PROPERTY CRIME: I DO NOT GIVE ANYONE PERMISSION TO ENTER MY PREMISES AND / OR TAKE / REMOVE MY PROPERTY / VEHICLE. IF FOUND PROPERTY: I HAVE BEEN ADVISED OF CHAPTER 83 OF THE R.C.W. AND <input type="checkbox"/> I DO <input type="checkbox"/> I DO NOT WISH TO CLAIM THE PROPERTY IF THE TRUE OWNER CANNOT BE FOUND.														
S I G N A T U R E	<input type="checkbox"/> RELEASED PROPERTY TO _____ <input type="checkbox"/> I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE <input type="checkbox"/> I DO <input type="checkbox"/> DO NOT ACCEPT LIABILITY FOR TOWING AND STORAGE <input type="checkbox"/> REQUEST NON-DISCLOSURE PER RCW 42.17.310 (E) <input type="checkbox"/> THE NAMED JUVENILE IS PRESENTLY A RUNAWAY <input type="checkbox"/> THE NAMED PERSON IS PRESENTLY MISSING														
	SIGNATURE OF PERSON														
	OFFICER NAME / NUMBER K. Bernhard #120		AREA W	OFFICER NAME / NUMBER		AREA	APPROVED BY 		DATE		ASSIGNED				
	FORWARD TO: <input type="checkbox"/> DYC <input type="checkbox"/> SUPERIOR		<input checked="" type="checkbox"/> MARYS <input type="checkbox"/> EVRGN		PROSECUTOR REVIEW REQUESTED: <input type="checkbox"/> YES <input type="checkbox"/> NO		DISTRIBUTE TO: <input type="checkbox"/> CPS/APS <input type="checkbox"/> DSHS		<input type="checkbox"/> DOL HEARING <input type="checkbox"/> DOC/PROBATION		DATA ENTERED		DATE		

14-01311

ORIGINAL

ADDITIONAL NARRATIVE

AGENCY NAME LAKE STEVENS POLICE DEPARTMENT	INCIDENT CLASSIFICATION NVOL W/O ID	INCIDENT NUMBER 14-01311
NAME OF VICTIM(S)		

On 6/7/2014 at approximately 2108 hours, I responded to a report of a collision between a Ford Explorer and a motorcycle at the intersection of Chapel Hill Rd and S. Davies Rd in the City of Lake Stevens. When I arrived on scene I observed a male lying in the roadway. Approximately 30 feet away was a blue Ford Explorer SUV bearing Washington AGK0818. A Honda motorcycle bearing Washington license 716668 was underneath the front end of the Ford.

After checking with the operator of the motorcycle, I contacted the driver of the Ford who identified himself as Grant M. Freeman (3/25/97). I asked Freeman for his driver's license, registration and proof of insurance as a part of my accident investigation. Freeman informed me that he had recently moved from California and did not have a driver's license in Washington. I asked for his California driver's license. Freeman clarified that he did not have a driver's license. I asked if he had a learner's permit, he told me no. I asked if he had ever had a driver's license and he again told me no.

Freeman explained the vehicle belonged to his mother, Bonnie Freeman, who was in the hospital at that time. Freeman had his 13 year old nephew in the vehicle with him. No licensed driver was in the vehicle at the time of the collision. I contacted Bonnie Freeman via phone. She told me that she was aware that Freeman was driving her car and had her permission to do so. Freeman and his nephew were released to an adult friend of the family.

I issued Freeman Citation 4Z0630203 for violation of RCW 46.20.005 driving without a license – without identification via sent to court for mailing.

Attachments:

Copy – Citation 4Z0630203
 Witness statement – Richard Anderson
 Witness statement – Michelle Anderson
 Evidence Report
 Tow/Impound record (x2)
 CAD run

Recommendations:

Forward to Marysville Municipal Court for processing.

ORIGINAL

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing statement is true and correct.

OFFICER NAME / NUMBER K. Bernhard #120	APPROVED BY 	APPROVED BY 
--	--	---

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-01311

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Anderson, Richard, Dean	RACE W	ETH	SEX M	DOB 8-19-1965	AGE 48	HGT 6	WGHT 215	HAIR BRN	EYES Blue
STREET ADDRESS 1421 114th Ave SE		CITY Lake Stevens		STATE WA		ZIP 98256		RES. STATUS Wa		
HOME PHONE 425-334-6921		CELL PHONE 425-512-4057		PLACE OF EMPLOYMENT BNSF Railroad						
WORK PHONE		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY : (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

we were Driving North on Davies Rd, and Chapel Hill Rd when we saw a Man Lying in The middle of the Road with a Helmet on and there was a SUV, facing West on Chapel Hill Rd on Top of a Motor cycle The Driver of The SUV, was Talking To The Man with the Helmet telling him The light turned green for him so he went The Man with The Helmet Said The light turned green for him. I Did not see The Accident Happen

**LSPD
ORIGINAL**

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE <i>[Signature]</i>	DATE SIGNED 6-7-14	LOCATION SIGNED
OFFICER/NUMBER L. BERNHARDT #120	DATE SIGNED 6-7-14	LOCATION SIGNED UK STEVENS, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER 14-01311



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Anderson, Michelle Renee	RACE Wh	ETH	SEX F	DOB 7-31-63	AGE 50	HGT 5'3"	WGT 180	HAIR Blk	EYES Green
STREET ADDRESS 1421-114th Ave S.E.		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE 425-334-16921		CELL PHONE (425) 334-27-9469		PLACE OF EMPLOYMENT Self						
WORK PHONE 425-334-16921		EMAIL ADDRESS Shelbyand@ yahoo-com								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

My husband and I were approaching what park and Chapple Hill going through the intersection when we saw a young man lying on the street from being struck by another young man driving a SUV. The man in the SUV said his light turned green so he turned and did not see the motorcyclist turning. We asked if the man that was hit was OK. We assisted him and told him to be still and asked someone to call 911. We then asked the young man if we could call anyone for him and he said please call my mom. We waited until help arrived.

LSPD
ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <i>Michelle Anderson</i>	DATE SIGNED 6-7-14	LOCATION SIGNED Chapple Hill / what park
OFFICER NUMBER: E-BE-WH-20 #120	DATE SIGNED 6-7-14	LOCATION SIGNED LAKE STEVENS, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

19-01311

TOW / IMPOUND
AND INVENTORY RECORD

- ☒ NON-IMPOUND / TOW
- ☐ AAA or OTHER ROADSIDE ASSISTANCE
- ☐ EVIDENCE
- ☐ SEIZED UNDER RCW 69.50.505
- ☐ IMPOUND ONLY
- ☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
- ☐ DWLS IMPOUND WITH _____ DAY HOLD
- ☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
- ☐ REGISTERED OWNER MAY REDEEM _____
- ☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.
- ☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

VEHICLE INFORMATION

VIN

JH2MD2114KK100044

LICENSE

716668

STATE

WA

YEAR

1989

MAKE

HONDA

MODEL

NX 250

MILEAGE

☐ Report of Sale☐ Digital

STYLE

MC

COLOR

BWE

DRIVER

NAME (LAST, FIRST, MI)

ROBERTS, NATHAN R.

STREET ADDRESS

12330 155TH AVE NE

CITY, STATE, ZIP CODE

APRILTON, WA 98223

PHONE

425-760-4945

DOB

8-2-91

REGISTERED OWNER

NAME (LAST, FIRST, MI)

HANSEN, MICHAEL R.

STREET ADDRESS

70 NORTH 2ND ST

CITY, STATE, ZIP CODE

THORP, WA 98946

PHONE

LEGAL OWNER

NAME (LAST, FIRST, MI)

SAMIS

STREET ADDRESS

CITY, STATE, ZIP CODE

PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 6-7-14 AT 2204 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE MAUC'S TOWING

TO REMOVE THIS VEHICLE FROM

S. DAVIES RD. / CHAPEL RD., LKS (TOWING FIRM)

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE

[Signature]

DOL TOW TRUCK NO.

5088-607

DATE

6-7-14

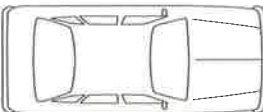
EQUIPMENT

☐ GLOVE BOX LOCKED☐ KEYS []☐ AUTO STEREO☐ AUDIO TAPES / CD'S []☐ CB RADIO☐ RADAR DETECTOR☐ TRUNK LOCKED☐ SPARE TIRE☐ JACK☐ CHAINS☐ OTHER _____

DAMAGE

☐ FRONT☐ R FRONT☐ R SIDE☐ R REAR☐ L FRONT☐ L SIDE☐ L REAR☐ REAR☐ TOP☐ UNDERCARRIAGE☐ OTHER _____

SHADE DAMAGED AREA



EVIDENCE (DRIVER'S SIDE)

EVIDENCE (PASSENGER'S SIDE)

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

LSPD
ORIGINAL

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE

X

K. BERWALD3NOHOMIS 4

BADGE NO.

120

COUNTY, WA

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE

X

CHECK ALL THAT APPLY:

UNIFORM WASHINGTON STATE

CASE / EVIDENCE NUMBER

19-00311

TOW / IMPOUND
AND INVENTORY RECORD

- ☒ NON-IMPOUND / TOW
- ☐ AAA or OTHER ROADSIDE ASSISTANCE
- ☐ EVIDENCE
- ☐ SEIZED UNDER RCW 69.50.505
- ☐ IMPOUND ONLY
- ☐ DUI/PC IMPOUND WITH 12 HOUR HOLD
- ☐ DWLS IMPOUND WITH ____ DAY HOLD
- ☐ INFORMATIONAL COPY GIVEN TO SUSPENDED DRIVER.
- ☐ REGISTERED OWNER MAY REDEEM _____
- ☐ CHECK INDICATES DRIVER IS DWLS/R AND IS NOT THE REGISTERED OWNER. REGISTERED OWNER / LEGAL OWNER OR AGENT OF THE OWNER MAY REDEEM AT THE END OF THE IMPOUND HOLD.
- ☐ CHECK INDICATES THE DRIVER IS DWLS AND IS THE REGISTERED OWNER. DRIVER WILL NEED A SEPARATE RELEASE FORM FROM THE COURT OR THE AGENCY ORDERING THE IMPOUND.

VEHICLE INFORMATION

VIN 1FMDU34X4T2B89715				
LICENSE A61K 0818	STATE WA	YEAR 1996	MAKE FORD	MODEL EXPLORER
MILEAGE <input type="checkbox"/> Report of Sale <input checked="" type="checkbox"/> Digital		STYLE SUV	COLOR BWE	

DRIVER

REGISTERED OWNER

LEGAL OWNER

NAME (LAST, FIRST, MI) FRESHMAN, GRANT M	NAME (LAST, FIRST, MI) FRESHMAN, BONNIE S.	NAME (LAST, FIRST, MI) SAME
STREET ADDRESS 501 102 DR SE #D4	STREET ADDRESS 501 102 DR SE #D4	STREET ADDRESS
CITY, STATE, ZIP CODE LKS, WA 98258	CITY, STATE, ZIP CODE LKS, WA 98258	CITY, STATE, ZIP CODE
PHONE 530-249-1427	PHONE 530-249-5106	PHONE

AUTHORIZATION AND RECEIPT

ON THIS DATE OF 6-7-14 AT 2157 (24 HOUR) PURSUANT TO RCW 46.55.085 / .113 AND HAVING PERSONALLY INVENTORIED THE ITEMS IN THE DESCRIBED VEHICLE, I HEREBY AUTHORIZE MARK'S TOWING (TOWING FIRM)

TO REMOVE THIS VEHICLE FROM CHAPEL HILL / S. DAVIES RD.

I CERTIFY THAT I HAVE RECEIVED THE ABOVE VEHICLE AND ITS CONTENTS LISTED BELOW.

TOW DRIVER'S SIGNATURE [Signature] DOL TOW TRUCK NO SD99007 DATE 6-7-14

EQUIPMENT	DAMAGE	EVIDENCE (DRIVER'S SIDE)	EVIDENCE (PASSENGER'S SIDE)
<input type="checkbox"/> GLOVE BOX LOCKED	<input checked="" type="checkbox"/> FRONT SHADE DAMAGED AREA		
<input checked="" type="checkbox"/> KEYS [1]	<input type="checkbox"/> R FRONT		
<input type="checkbox"/> AUTO STEREO	<input type="checkbox"/> R SIDE		
<input type="checkbox"/> AUDIO TAPES / CD'S []	<input type="checkbox"/> R REAR		
<input type="checkbox"/> CB RADIO	<input type="checkbox"/> L FRONT		
<input type="checkbox"/> RADAR DETECTOR	<input type="checkbox"/> L SIDE		
<input type="checkbox"/> TRUNK LOCKED	<input type="checkbox"/> L REAR		
<input type="checkbox"/> SPARE TIRE	<input type="checkbox"/> REAR		
<input type="checkbox"/> JACK	<input checked="" type="checkbox"/> TOP		
<input type="checkbox"/> CHAINS	<input checked="" type="checkbox"/> UNDERCARRIAGE		
<input type="checkbox"/> OTHER _____	<input type="checkbox"/> OTHER _____		

INVENTORY/EVIDENCE

NARRATIVE OR DIAGRAM

(List reason(s) for impound.)

LSPD
ORIGINAL

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREMENTIONED IS TRUE AND CORRECT. (RCW 9A.72.085)

OFFICER'S SIGNATURE X K. BERNHARD SNOWHISH BADGE NO. 120
COUNTY, WA

DRIVER'S SIGNATURE CERTIFIES RECEIPT OF TOW/IMPOUND REPORT AND INFORMATION FOR DRIVERS TO REDEEM IMPOUNDED VEHICLE.

DRIVER'S SIGNATURE X

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>R. BELWARD #720</i>		Case Number <i>14-01311</i>	
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: <i>ACCIDENT</i>		Date/Time: <i>6-11-14 2144</i>	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification			
Item # <i>14B-1</i>	Item <i>PHOTO CD</i>	Brand Name		Storage Location	Disposition
Action # <i>3</i>	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name <i>SPD</i>		Address	City	State	Zip
Owner Signature/Other remarks /additional information/ special instructions <i>#720</i>		Barcode goes here			
Item #	Item	Brand Name		Storage Location	Disposition
Action #	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address	City	State	Zip
Owner Signature/Other remarks /additional information/ special instructions		Barcode goes here			
Item #	Item	Brand Name		Storage Location	Disposition
Action #	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address	City	State	Zip
Owner Signature/Other remarks /additional information/ special instructions		Barcode goes here			
Item #	Item	Brand Name		Storage Location	Disposition
Action #	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address	City	State	Zip
Owner Signature/Other remarks /additional information/ special instructions		Barcode goes here			
Item #	Item	Brand Name		Storage Location	Disposition
Action #	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address	City	State	Zip
Owner Signature/Other remarks /additional information/ special instructions		Barcode goes here			
Item #	Item	Brand Name		Storage Location	Disposition
Action #	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address	City	State	Zip
Owner Signature/Other remarks /additional information/ special instructions		Barcode goes here			

LSPD
ORIGINAL

Evidence Control Use Only:					
Received by Evidence:	NCIC/WACIC ✓	Date:	CAD/RMS Checked	ROUTING: _____	
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room	
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File	

/2108	(SP0301)	ENTRY		, MC DOWN
/2108		CROSS		#AG14001589
/2108	(SP0326)	AGCADV		, BOLOD
/2108		DISPER	19N3	#SS120 BERNHARD, OFFICER (KERRY)
/2108		ASSTER	19N2	#SS112 WARBIS, OFFICER (STEVE)
/2107?	(SP0301)	SUPP		LOCI: SPRINT, ,
				NAM: HAMSON, ROGER,
				PHO: 4256223603,
				TXT: FORD EXPLR VS MC, BLKG, PT IS CON, UNK EXTE
				NT OF INJS
/2110	(SP0326)	ONSCNE	19N3	
/2110		ONSCNE	19N2	
/2110		ASSTOS	19S16	[CHAPEL HILL RD/S DAVIES RD , LKS]
				#SS75 CHRISTENSEN, OFCR (CHAD)
/2111	(SS131)	*ASST	19R1	[CHAPEL HILL RD/S DAVIES RD , LKS]
				#SS131 WELLS, OFCR (CHAD)
/2112		*ONSCNE	19R1	
/2116	(*****)	REMINQ	19N3	716668
/2116	(SP0326)	REMINQ	19N3	LIC, 19N3, 716668, , ,
/2116	(*****)	REMINQ	19N3	AGK0818
/2116	(SP0326)	REMINQ	19N3	LIC, 19N3, AGK0818, , ,
/2120	(SS75)	REMINQ	19S16	MDTWANT, ROBERTS, NATHAN, R, 080291, , , WA, , , , , , , , , ,
				, ,
/2126	(SP0326)	ASNCAS	19N3	\$SS14001311
/2131		ROTREQ	19N3	TOW 5024 LKS ANGEL TRANSPORT & TOWING
				3605680918 , FORD EX 4 RND AND MC
/2132		ROTREQ	19N3	TOW 5099 LKS MACK'S TOWING
				3605683131 , ANGEL NOT AVL
/2136	(SP0364)	\$PREMPT	19R1	
/2137		\$PREMPT	19N2	
/2150		MISC	19N3	, MACKS OS
/2152	(SS120)	REMINQ	19N3	MDTVEH, AGK0818, , WA, , , , , , , , , ,
/2158		REMINQ	19N3	MDTVEH, 716668, , WA, , , , , , , , , ,
/2200		REMINQ	19N3	MDTWANT, ROBERTS, NATHAN, R, 080291, , , WA, , , , , , , , , ,
				, ,
/2215	(SS75)	CLEAR	19S16	
/2216	(SP0326)	CLEAR	19N3	D/H
/2216		CLOSE	19N3	

LSPD ORIGINAL